



1998 Emission Inventory Form

Plant Number _____ Plant Name _____

Section 1: Facility Information

Please provide complete information. Please print.

Facility/Site Number: _____ Universal Business Identifier (UBI): _____

Physical Address: _____ Mailing Address: _____

(no P.O. Box): _____

City: _____ City: _____

Zip Code: _____ Zip Code: _____

Permit Number (s) _____

Technical Contact - Please provide complete information. Please print.

Name: _____ Fax: (_____) _____

Phone Number: (_____) _____ e-mail: (_____) _____

Standard Industrial Process (SIC) Code(s) – Please provide complete information. Please print.

<u>SIC Code*</u>	<u>Industry Type</u>

*A searchable database of SIC codes are available on the Internet at <http://www.osha.gov/oshstats/sicser.html>

Geographic Coordinates - Please provide complete information. Please print.

Facility (at center of facility)

UTM Horizontal

(6 digit number)

UTM Vertical

(7 digit number)

Zone (circle one):

10 or 11

OR

Latitude: N _____ ° _____ ' _____ "

Longitude: W _____ ° _____ ' _____ "

CERTIFICATION OF DATA ACCURACY

Consistent with state law, the data presented here is accurate to the best of my knowledge. (Submit this signed page with all data submissions including electronic data submissions.)

Print Name

Title

Signature

Date



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Section 2: Emission Point Information (use one form for each emission point)

Emission Point No. _____ Description: _____

Point Active? _____ Yes _____ No

Permit No. (if applicable): _____

Boiler Design Capacity (if applicable) in MMBTU's: _____

Point Geographic Coordinates

Please provide complete information. Please print.

UTM Horizontal (6 digit number) _____ UTM Vertical (7 digit number) _____ Zone (circle one): 10 or 11

OR

Latitude: N _____ ° _____ ' _____ " Longitude: W _____ ° _____ ' _____ "

Emission Point Operating Schedule

Annual Throughput for 1998

Please provide complete information. Please print.

January – March: _____ % Hr/Day: _____

April – May: _____ % Day/Week: _____

July – September: _____ % Week/Year: _____

October – December: _____ %

Total 100%

Stack Parameters (if applicable)

Please provide complete information. Please print.

Temperature: _____ F° Flow Rate: _____ ACFM

Water Vapor: _____ % Oxygen, Dry: _____ %

Height: _____ Feet Plume Height: _____ Feet

Diameter: _____ Feet (if no stack)



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Point Number _____

Section 3: Emissions from Segments (use one form for each segment)

Please provide complete information. Please print.

Source Classification Code (SCC): _____

SCC Description: _____

A list of SCC codes and descriptions are available at <http://www.epa.gov/ttnchie1/scc/sc8.inx>

Segment Number: _____

1998 Process Information

Quantity Used or Quantity Produced (include units): _____

Weight Percent Sulfur in Fuel (%): _____

CRITERIA POLLUTANT EMISSIONS (Specify in tons per year)

Please provide complete information. Please print.

Criteria Pollutant	1998 Emissions*	Estimation Code	Control Equipment Code ⁺		Control Efficiency (%)
			Primary	Secondary	
Particulate Total					
PM ₁₀					
PM _{2.5}					
SO ₂					
NOX					
VOC					
CO					
LEAD					

* For internet access to a database management system containing EPA's recommended emission estimation factors for criteria and hazardous air pollutants <http://www.epa.gov/ttnchie1/fire.html>

+ A list of Control Equipment codes and descriptions are available

Toxic Pollutant Emissions (Specify in pounds per year) Please provide complete information.

Please print. A list of CAS codes and descriptions are available at <http://www.epa.gov/ttnchie1/txt/caasyns.txt>

Toxic Pollutant Name	Toxic CAS #	1998 Emissions	Estimation Code	Unit of Measure